

APPLICATION OF FUEL STORAGE TANK PERMIT

This form is used for installation of underground / above ground storage tank.

1. A Zoning Permit Application – is required if the footprint of the building is changed. Zoning application fee is \$15.00

- a. A copy of the official plot plan with changes in ink showing where the tank is to be located (must be drawn "TO SCALE"). Changes need to be initialed and dated and show the distances to the property lines. Copies are \$1.00 each

If the tank is to be put in a garage, an inspector needs to inspect the garage before Permit will be approved.

If removing a tank the Fire Marshal's office issues permits for removal.

APPLICATION FOR FUEL STORAGE ~TANK PERMIT

TOWN OF NEWINGTON, 131 CEDAR STREET, NEWINGTON, CONN. 06111

TEL.(860)665-8580 FAX.(860)665-8577 - BUILDING DEPARTMENT

APPLICATION MUST BE FILLED OUT COMPLETELY IN INK

JOB LOCATION: _____

CONTRACTOR'S NAME: _____

TELEPHONE NO_(____)____-_____

CONTRACTOR'S ADDRESS: _____

CITY _____

STATE _____ ZIP _____

STATE LIC NO. _____

(HOME)OWNERS NAME: _____

TELEPHONE NO_(____)____-_____

(HOME)OWNERS ADDRESS: _____

DESCRIPTION OF WORK TO BE PERFORMED: _____

TOTAL VALUE OF WORK TO BE PERFORMED: \$ _____

TYPE OF BUILDING: RESIDENTIAL _____ COMMERCIAL _____ OTHER _____

TYPE OF JOB: NEW UNDER GROUND INSTALLATION _____

NEW ABOVE GROUND INSTALLATION _____

CAPACITY OF TANK _____ GALS FILL PIPE SIZE _____

TYPE OF FUEL STORED ☐ GAS ☐ OIL ☐ LPG ☐ OTHER

ALL WORK COVERED BY THIS APPLICATION HAS BEEN AUTHORIZED BY THE (OWNER) OR (AGENT) OF THIS PROPERTY AND WILL BE DONE ACCORDING TO STATE CODES AND REGULATIONS. **NO WORK SHALL BE STARTED UNTIL THE BUILDING DEPARTMENT HAS RECEIVED THIS APPLICATION AND HAS ISSUED A PERMIT.**

SIGNED: _____ / ____ / _____ (____) ____ - _____
(APPLICANT) DATE TELEPHONE NO.

PLEASE PRINT NAME: _____

STORAGE TANK
PERMIT FEE \$ _____
ZONING FEE \$ _____
TOTAL PAID \$ _____

APPLICATION
RECEIVED BY
DATE _____ / ____ / ____

APPROVED BY
DATE _____ / ____ / ____
PERMIT NO. _____